

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-375)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		1			53				
4		2		1			54				
5		2		1			55				
6		2		1			56				
7		2		1			57				
8		2		1			58				
9		2		1			59				
10		2		1			60				
11		2		1			61				
12		2		1			62				
13		2		1			63				
14		2		1			64				
15		2		1			65				
16		2		1			66				
17		2		1			67				
18		2		1			68				
19		2		1			69				
20		2		1			70				
21		2		1			71				
22		2		1			72				
23		2		1			73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓		↓	
TOTAL CLAIMS	22		23				TOTAL CLAIMS				